

## Grantee State

**In which state is the grantee located?** Illinois, Illinois  
**(for multiple state selections hold CTRL+Key)**

## Grantee Information

**Grantee Name** Lake County IL  
**Name of Organization or Department Administering Funds** Planning, Building & Development  
**Organizational DUNS#:** 074591652  
**Grant Number** S09-UY-17-0003  
**Grant Amount** \$1,057,106  
**Identify the Field Office** Chicago  
**Identify CoC(s) in which the grantee and/or subgrantee(s) will provide HPRP assistance.** IL-502 - Waukegan/North Chicago/Lake County CoC

### HPRP Contact Name

**Prefix** Mr.  
**First Name** Joel  
**Middle Name**  
**Last Name** Williams  
**Suffix**  
**Title** Principal Planner

### HPRP Contact Address

**Street Address 1** 18 N. County Street  
**Street Address 2** 6th Floor  
**City** Waukegan  
**State** Illinois  
**ZIP Code** 60085

**Phone Number** 847-377-2139  
**Format: 123-456-7890**

### Extension

**Fax Number** 847-984-5745  
**Format: 123-456-7890**

**Email Address** jwilliams@lakecountyil.gov  
**Confirm Email Address** jwilliams@lakecountyil.gov

**OPTIONAL: HPRP Secondary Contact**

**First Name**

**Last Name**

**Title**

**Phone Number**

**Format: 123-456-7890**

**Extension**

**Email Address**

**Confirm Email Address**

## Report Period and Status

**Select the Reporting Period for this** 01/01/10 - 03/31/10  
**Performance Report**

**Indicate Report Type** QPR

## Persons and Households Served

In the first row ("Total Served"), enter the total unduplicated number of persons and households served with HPRP Homelessness Prevention Assistance and HPRP Homeless Assistance (Rapid Re-Housing) in the current quarter and for the grant to date. In the "Total" rows under "Total Served by Activity (#)," enter the total unduplicated number of persons and households served with Financial Assistance and with Housing Relocation and Stabilization Services. For the "Total Financial Assistance" row and the "Total Housing Relocation and Stabilization Services" row: the unduplicated amount entered in each cell in these rows is not necessarily the sum of the cells for each activity above it.

**Note:** Eligibility determination for HPRP is either a Case Management or Outreach and Engagement activity. If HPRP funds were used for eligibility determination, these persons and households must be reported under the appropriate activity below.

### Total Served

Homelessness Prevention				Homeless Assistance				TOTAL					
				Pers ons	Hshl ds					Pers ons	Hshl ds		
Total Served				Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date
Total Served (Unduplicated)				43	47	18	20	84	168	27	55	127	215

### Total Served by Activity (#)

Homelessness Prevention				Homeless Assistance				TOTAL					
				Pers ons	Hshl ds					Pers ons	Hshl ds		
Activities				Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date
Financial Assistance													
Rental assistance				43	45	18	19	18	18	4	4	61	63
Security and utility deposits				17	21	6	8	2	18	1	4	19	39
Utility payments				18	18	7	7	10	10	2	2	28	28
Moving cost assistance				5	5	2	2	2	6	1	2	7	11
Motel & hotel vouchers				0	0	0	0	6	6	1	1	6	6

<b>Total-Financial Assistance (Unduplicated)</b>	43	47	18	20	18	18	4	4	61	65	22	24
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<b>Housing Relocation &amp; Stabilization Services</b>												
<b>Case management</b>	43	47	18	20	22	22	6	6	65	69	24	26
<b>Outreach and engagement</b>	35	39	14	16	78	162	26	55	113	201	40	71
<b>Housing search and placement</b>	19	19	7	7	16	22	5	6	35	41	12	13
<b>Legal services</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Credit repair</b>	16	16	6	6	19	19	5	5	35	35	11	11
<b>Total-Housing Relocation &amp; Stabilization Services (Unduplicated)</b>	43	47	18	20	84	168	27	55	127	215	45	75

## Housing Outcomes of Persons Served with Homelessness Prevention Assistance

In the cells below, enter the number of persons who resided in each of the destinations provided after HPRP Homelessness Prevention Assistance ended, in the current quarter and the total for the grant to date.

### Housing Outcomes (All Leavers Only)

Homelessness Prevention				Grant to Date		
Destination	Persons	Quarter	% of Total	Persons	%	% of Total
<b>Permanent Destinations</b>						
Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, VASH housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, other (non-VASH) housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, with housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Permanent Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Temporary Destinations</b>						
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Transitional housing for homeless persons (including homeless youth)	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Hotel or motel paid for without emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Place not meant for human habitation	0	0.00%	0.00%	0	0.00%	0.00%
Safe Haven	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Temporary Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Institutional Destinations</b>						
Psychiatric hospital or other psychiatric facility	0	0.00%	0.00%	0	0.00%	0.00%
Substance abuse treatment facility or detox center	0	0.00%	0.00%	0	0.00%	0.00%
Hospital (non-psychiatric)	0	0.00%	0.00%	0	0.00%	0.00%
Jail, prison or juvenile detention facility	0	0.00%	0.00%	0	0.00%	0.00%
Foster care home or foster care group home	0	0.00%	0.00%	0	0.00%	0.00%
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<b>Total Persons Leaving for Institutional Destinations</b>	0	100.00%	0.00%	0	100.00%	0.00%
<b>Miscellaneous</b>						
<b>Other Destinations</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Deceased</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Don't know / refused</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Missing this information</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total for Miscellaneous</b>	0	100.00%	0.00%	0	100.00%	0.00%
<b>TOTAL PERSONS WHO LEFT THE PROGRAM</b>	0		0.00%	0		0.00%



## Housing Outcomes of Persons Served with Homeless Assistance

In the cells below, enter the number of persons who resided in each of the destinations provided after HPRP Homeless Assistance ended, in the current quarter and the total for the grant to date.

### Housing Outcomes (All Leavers Only)

Homeless Assistance						
		Quarter				
Destination	Persons	%	% of Total	Persons	%	% of Total
Permanent Destinations						
Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, VASH housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, other (non-VASH) housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, with housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Permanent Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Temporary Destinations						
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Transitional housing for homeless persons (including homeless youth)	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Hotel or motel paid for without emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Place not meant for human habitation	0	0.00%	0.00%	0	0.00%	0.00%
Safe Haven	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Temporary Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Institutional Destinations						
Psychiatric hospital or other psychiatric facility	0	0.00%	0.00%	0	0.00%	0.00%
Substance abuse treatment facility or detox center	0	0.00%	0.00%	0	0.00%	0.00%
Hospital (non-psychiatric)	0	0.00%	0.00%	0	0.00%	0.00%
Jail, prison or juvenile detention facility	0	0.00%	0.00%	0	0.00%	0.00%
Foster care home or foster care group home	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Institutional Destinations	0	100.00%	0.00%	0	100.00%	0.00%

Miscellaneous						
Other Destinations	0	0.00%	0.00%	0	0.00%	0.00%
Deceased	0	0.00%	0.00%	0	0.00%	0.00%
Don't know / refused	0	0.00%	0.00%	0	0.00%	0.00%
Missing this information	0	0.00%	0.00%	0	0.00%	0.00%
Total for Miscellaneous	0	100.00%	0.00%	0	100.00%	0.00%
TOTAL PERSONS WHO LEFT THE PROGRAM	0		0.00%	0		0.00%

## Expenditures by Activity

In the cells below, enter the amount of funds expended (costs incurred, not necessarily drawn down) for each activity type, in the current quarter and for the grant to date. If an expenditure is incurred and reported in the grantee's financial system for the current quarter, report it below. This data will not necessarily reflect draws in IDIS.

### Expenditures (\$)

Activities	Homelessness Prevention		Homeless Assistance		Total	
	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date
Financial Assistance	56,921	85,435	15,313	24,019	72,234	109,454
Housing Relocation & Stabilization Services	26,081	45,820	8,276	19,073	34,357	64,893
Data Collection & Evaluation					474	2,910
Administration					8,864	14,780
<b>TOTAL</b>					115,929	192,037

## Authorizing Information and Certification

**The Name of the Authorized Grantee Official should be the same as submitted in the HPRP Substantial Amendment, unless there has been a change.**

**Name of Authorized Grantee Official** Suzi Schmidt  
**Title/Position** County Board Chairman

**I hereby certify that all the information stated herein is true and accurate. I understand that HUD will prosecute false claims and statements and that conviction may result in criminal and/or civil penalties (pursuant to 18 USC 1001, 1010, 1012; 31 USC 3729, 3802).**

**Check for Certification** ☒

## Summary

Part	Last Updated
Grantee State	04/09/2010
Grantee Information	04/09/2010
Report Period and Status	04/09/2010
Persons and Households Served	04/09/2010
Housing Outcomes Homelessness Prevention	04/09/2010
Housing Outcomes Homeless Assistance	04/09/2010
Expenditures by Activity	04/09/2010
Authorizing Information and Certification	04/09/2010